

CONSENT FORM

1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* against my current/former employer, Royal Health Care LLC to secure any relief that may be awarded, including overtime pay, liquidated damages, attorneys' fees, costs and other relief arising out of my employment with Royal Health Care LLC.
2. During the past three (3) years, there were occasions when I worked more than forty (40) hours in a week for Royal Health Care LLC, and I did not receive proper overtime compensation for those hours.
3. I authorize Shulman Kessler LLP to represent me in this case.

Date: 7/25/12

Diana Mieses
Signature
Diana Mieses
Print Name